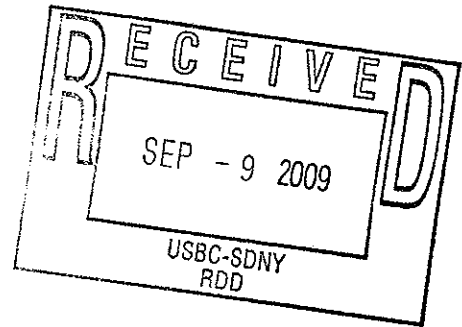


Barbara P. Burger
9844 S. Glenmoor Court
Oak Creek, WI. 53154

Attention Honorable Robert D. Drain
United States Bankruptcy Judge



"The Response"

I Barbara P. Burger, representing myself as a Retired, Salaried Employee of Delphi Corporation, object to the order described as the:

"Thirty-fifth Omnibus Claims Objection Order"

Order Pursuant to 11 U.S.C. 502(b) and Fed. R. Banker. P. 3007

- (1) Expunging (A) Books and Records Claim, (B) Certain Salaried Pension and Opeb Claims, (C) Certain Wage and Benefit Claims, and (D) Certain Individual Workers' Compensation Books and Records Claims and (II) Modifying and allowing certain claims**

I object to the aforementioned order, specifically, (B) Certain Salaried Pension and OPEB Claims for the following reasons:

- (A) The authorization of this order would be discriminatory to all salaried employees and retirees of the Delphi Corporation, as there is no indication that the UAW hourly work force would suffer any implications.

UAW employees were afforded call back rights to General Motors to protect their pensions and benefits. Salaried employees were not given the same opportunity.

UAW Hourly Employees, and their large numbers of dependents, were also exempt from losing their health care coverage. Huge sums of money in benefits allowed to persons who have never been employed by either General Motors Corporation or Delphi Corporation.

In many cases, such as mine, Salaried Employees spent the majority of their careers at General Motors. Although our careers ended in retirement from Delphi, the time spent working for them was very short in comparison. I worked for Delphi for approximately two years out of my 30 working years.

The political relationships involving UAW, Delphi Corporation and General Motors has allowed for past and present discriminatory practice against Salaried Employees.

B) My claim should not be disallowed or expunged per the specific factual and legal documents I am presenting. These documents present a prima facie right to payment of benefits for a lifetime.

Please take further notice that, I am presenting two, enclosed documents, I and II, that address the responsibility of Delphi and General Motors Corporations, in relation to **Life-time Benefits to Salaried Employees**. These are:

- I. A document of explanation, from General Motors Corporation, regarding Life-time Retirement Benefits in relation to Pension payments, Health Care benefits, and Life insurance.
- II. A document from Delphi Corporation, as stated in the upper right corner, the Delphi Retirement Program for Salaried employees would be carried out per the terms of the original General Motors benefits.

Please take further notice of the facts and calculations contained in the documents provided to me by General Motors and Delphi Corporations.

The enclosed documents include:

	<u>Annually</u>
(A) Document for Pension	\$ 22,834.00
(B) Document for Health Care Supplement	1,872.00
(C) Document for Prescription Drugs	420.00
(D) Document for Medicare Part B reimbursement	914.00
(E) Document for Dental Vision Extended Care	1,176.00
(F) Life Insurance	125,100.00
(G) Definition of <u>VESTED</u> per Delphi Corporation	
TOTAL ANNUAL BENEFITS	27,216.00

NATIONAL HEALTH ORGANIZATION- average female life expectancy= 84 years of age. Estimated 17 years of benefits based on this standard, as my current age is 67.

27,216.00
<u>X 17</u>
462,682.00

Life Insurance	125,100.00
<u>TOTAL LIFE TIME CLAIM</u>	587,782.00

In conclusion, I am confident that I have complied; in accordance with the direction I have received, in my writing this letter of objection for the hearing set on September 24th, 2009. Case Number 05-44481 (RDD). The enclosed documents are pertinent and factual.

I thank you for your attention to this matter. It is my hope that you will concur with my logic and find in my favor.

Sincerely,

Barbara P. Burger

RETIREMENT BENEFITS
Pg 4 of 13

Through December 31, 1984, your credited service is 12 YEARS AND 3 MONTHS.

Your contributions are:

Prior to 7-1-77
7-1-77 to 10-1-79

After 10-1-79

\$1,620.86

If you work for GM until age 65 in 2007 your estimated monthly retirement income would be:

From the Retirement Program

—Noncontributory benefits

\$802.00

—Contributory benefits

\$803.00*

From Social Security

—Yourself

\$844.00

—Dependent spouse at age 65

\$422.00

Total Monthly \$2,871.00

Estimated retirement benefits are based on the assumption that your current pay will stay the same until retirement. Retirement payments are for your lifetime only (If you elect a survivor option, benefits would be reduced).

Estimates of your retirement income at other ages are available upon request from your Personnel Office.

Plus

If you retire from GM (except at employee option between ages 55 and 60 when your age and credited service total less than 85):

- You may take your Savings-Stock Purchase Program account in a lump sum, defer receipt to the year you attain age 70½, or convert your account to a lifetime annuity.

- Your health care coverage will be continued for your lifetime.

- A portion of your Life Insurance and Personal Accident Insurance may be continued for your lifetime.

- Optional Life Insurance may be continued until age 70.

* ASSUMES CONTINUED CONTRIBUTIONS TO AGE 65 AND NO WITHDRAWALS.

DISABILITY INCOME**Monthly Payments**

If you become disabled you may be eligible to receive salary continuation and/or disability benefits of

\$3,213 PER MONTH FOR 26 WEEKS AND

\$2,302 PER MONTH FOR THE NEXT 27 WEEKS.

If you remain disabled, you may be eligible for continuing disability benefits from several sources, totaling

\$1,977 per month to age 65. Thereafter, you may be eligible for continuing Social Security benefits

of \$781 per month plus GM retirement* benefits of \$498 per month payable for life.

In addition, if you have a dependent spouse and one or more children, they could receive up to \$391 per month from Social Security.

Plus

Depending on your eligibility and enrollment status, other benefits may be payable if you are totally and permanently disabled:

- Monthly installment payments of basic life insurance following expiration of extended disability benefits because you had less than 10 years of credited service when you became totally and permanently disabled.
- Monthly installments of Personal Accident Insurance.
- Entire account balance under GM Savings-Stock Purchase Program, including GM's contributions.

* PLUS ENTIRE EMPLOYEE STOCK OWNERSHIP ACCOUNT BALANCE.

*Retirement benefits are projected only for employees with ten or more years of credited service.

INCOME SECURITY

IF YOU ARE LAID OFF, YOU ARE ELIGIBLE FOR SEMI-MONTHLY PAYMENTS OF \$1,204.93 UNDER THE LAYOFF BENEFIT PLAN FOR 6 MONTHS. THEREAFTER, YOU ARE ELIGIBLE FOR SEMI-MONTHLY PAYMENTS OF \$963.95 FOR 18 MONTHS. THESE PAYMENTS WILL BE REDUCED BY UNEMPLOYMENT COMPENSATION TO WHICH YOU ARE ENTITLED, STATE DISABILITY BENEFITS AND ANY GM PAY RECEIVED, AND 75% OF ANY EARNINGS RECEIVED FROM ANOTHER EMPLOYER OR FROM SELF-EMPLOYMENT. EMPLOYEES WITH 15 OR MORE YEARS OF SERVICE AT THE TIME OF LAYOFF (10 OR MORE YEARS IF THE LAYOFF IS DUE TO A PLANT CLOSING) MAY BE ELIGIBLE TO RECEIVE INCOME PROTECTION PLAN BENEFITS AFTER LAYOFF BENEFIT PLAN PAYMENTS END. BENEFITS CAN CONTINUE UNTIL RETIREMENT, OR UP TO AGE 62, WHICHEVER COMES FIRST. DEPENDING ON YEARS OF SERVICE, SEMI-MONTHLY INCOME WOULD RANGE FROM 50% TO 60% OF BASE PAY AND COLA AS OF THE LAST DAY WORKED, INCLUDING ANY EARNINGS AND STATUTORY BENEFIT ENTITLEMENT.

DOCUMENT I



HOME

FEEDBACK

INDEX

August 21, 1998

DOCUMENT II



Questions and Answers

How will the separation of Delphi from GM affect my pension?

A. When the new Delphi is formed, the Delphi Retirement Program for salaried employees will carryover the terms of the GM plan. Credited service will not be broken by the creation of Delphi as a separate company and will be carried over under the Delphi plan. The terms of GM's Retirement Program for salaried employees which will be the basis for the terms of the Delphi plan are competitive with our direct competitors and other Fortune 100 companies. As is done today at GM, Delphi will continue to conduct annual reviews of Delphi's compensation and benefit packages to remain competitive.

Q. How will the separation affect my pay?

A. The separation will not change the base salary that you receive today. Delphi will continue an annual review to benchmark our pay levels against other companies with which we compete for talented employees. Delphi's base salaries are competitive with the elite companies included in the benchmarking study.

Q. Will Delphi employees be able to receive discounts on General Motors vehicle purchases? Like Option 1 and Option 2?

A. The GM employee vehicle discount program is the subject of discussion with General Motors to determine if it can be extended to Delphi employees after the separation. Management understands this is very important to employees and will continue working to resolve this issue. As soon as we have an answer to these questions, we will advise the workforce.

Q. What about Product Evaluation Program (PEP) car drivers? Will this program be continued?

A. Delphi will not be eligible to operate the exact same type of program available to GM as a U.S. vehicle manufacturer. Changes will occur to the company car program. We are now developing a Delphi company car program.

Q. What will happen to my insurance programs?

A. When the new Delphi corporation is formed, we intend to have insurance programs which carry over the coverages of the GM programs.

Q. The normal time for enrolling in Flex benefits is coming this fall. Will we have the same enrollment process and benefits?

A. Flex '99 enrollment will occur this fall and all Delphi salaried employees should

DELPHI SALARY RETIREMENT TRUST



Payment Type: Installment
Check Number: 00407581959
Check Date: August 1, 2009

Funding Breakdown
SALARY RETIRE PROG \$1,421.19
CONTRIBUTIONS \$481.66

BARBARA P BURGER
Questions? Please call 1-877-389-2374

Description	Current	Year to Date
GROSS PAYMENT	\$1,902.85	\$15,451.40
NON-TAXABLE	\$20.47	\$392.36
FEDERAL WITHHOLDING	\$133.57	\$1,181.81
WI STATE TAX	\$91.85	\$734.80

Description	Current	Year to Date
TAXABLE	\$1,882.38	\$15,059.04
DENTAL COVERAGE	\$44.00	\$352.00
EXTENDED CARE COVER	\$11.00	\$88.00
VISION COVERAGE	\$3.00	\$24.00
NET PAYMENT	\$1,619.43	\$13,070.79

DOCUMENT (A)

Did you know that you can now view and update your pension payment information online? Go to (yourdelphibenefits.com) to view your pension payment history, change direct deposit elections and change federal and state tax withholding, where allowed by law. This service is not available to alternate payees under QDRO arrangements, surviving spouses or beneficiaries receiving payments.

DOCUMENT (B)

Payment Coupon	Membership Number	Payment is due on or before the due date.	Due Date	Amount D
	313244814-1		03-01-2009	\$175.
Insured Member 1		Insured Member 2		
MS BARBARA P BURGER				
Member 1 Coverages		Member 2 Coverages		
IW WA WB				

31324481411757203010910190800 2

Call 1-877-422-7718 for
information on preferred
pricing on prescription
and non-prescription
medications through AARP
Prescription Discount Program.

PO BOX 660629
DALLAS TX 75266-0629



PLEASE DO NOT FOLD, STAPLE, OR TAPE COUPON AND CHECK WITH YOUR RETURN.
PLEASE USE THE ENVELOPE PROVIDED TO RETURN COUPON AND PAYMENT.

BARBARA P. BURGER 9844 S GLENMOOR CT OAK CREEK, WI 53154		12-1371 750 758052294 DATE 2-9-09	2231
PAY TO THE ORDER OF		AARP Health Care Options \$ 175. ⁷²	
CHASE		One hundred + twenty five ⁷² / ₁₀₀ DOLLARS	
JPMorgan Chase Bank, N.A. Milwaukee, Wisconsin 53202 www.Chase.com		Barbara Burger MP	
MEMO			
⑆075000019⑆		758052294⑈2231	

DOCUMENT (C)

**Payment
Coupon**

Membership Number
0046419381

Payment is due on or before the due date

Insured Member
BARBARA P BURGER
Member Coverage
A00

Due Date
03-01-2009
Amount Due
\$39.40

Amount Paid: \$ 39.40

00464193813600089837360000077961300394003010912 3P

AARP MedicareRx Preferred
PO BOX 5840
CAROL STREAM IL 60197-5840



**Please Use Envelope Provided to Return the Coupon & Payment
Do Not Fold, Staple, or Tape the Coupon or Your Check**

BARBARA P. BURGER
9844 S GLENMOOR CT
OAK CREEK, WI 53154

12-1371
750
758052294

2232

DATE 2-9-09

PAY TO THE ORDER OF AARP RX Preferred \$ 39.40

Thirty nine and 40/100 DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
Milwaukee, Wisconsin 53202
www.Chase.com

MEMO

Barbara P. Burger MP

⑆075000019⑆ 758052294⑈2232

DELPHI SALARY RETIREMENT TRUST

Payment Type:

Check Number:

Check Date:

Installment

00405921874

July 1, 2008



Funding Breakdown

SALARY RETIRE PROG	\$1,421.19
CONTRIBUTIONS	\$481.66
MED B REIMBURSEMENT	\$76.20

BARBARA P BURGER

Questions? Please call 1-877-389-2374

Description	Current	Year to Date
GROSS PAYMENT	\$1,979.05	\$13,853.35
NON-TAXABLE	\$96.67	\$676.69
FEDERAL WITHHOLDING	\$173.61	\$1,215.27
WI STATE TAX	\$91.85	\$642.95

Description	Current	Year to Date
TAXABLE	\$1,882.38	\$13,176.66
DENTAL COVERAGE	\$44.00	\$308.00
EXTENDED CARE COVER	\$11.00	\$77.00
VISION COVERAGE	\$3.00	\$21.00
NET PAYMENT	\$1,655.59	\$11,589.13

DOCUMENT (D)

Did you know that you can now view and update your pension payment information online? Go to (yourdelphibenefits.com) to view your pension payment history, change direct deposit elections and change federal and state tax withholding, where allowed by law. This service is not available to alternate payees under QDRO arrangements, surviving spouses or beneficiaries receiving payments.

DELPHI SALARY RETIREMENT TRUST

Payment Type:
Check Number:
Check Date:

Installment
00407341349
June 1, 2009



Funding Breakdown

SALARY RETIRE PROG	\$1,421.19
CONTRIBUTIONS	\$481.66

BARBARA P BURGER

Questions? Please call 1-877-389-2374

Description	Current	Year to Date
GROSS PAYMENT	\$1,902.85	\$11,645.70
NON-TAXABLE	\$20.47	\$351.42
FEDERAL WITHHOLDING	\$133.57	\$914.67
WI STATE TAX	\$91.85	\$551.10

Description	Current	Year to Date
TAXABLE	\$1,882.38	\$11,294.28
DENTAL COVERAGE	\$44.00	\$264.00
EXTENDED CARE COVER	\$11.00	\$66.00
VISION COVERAGE	\$3.00	\$18.00
NET PAYMENT	\$1,619.43	\$9,831.93

DOCUMENT (E)

Note: In response to the American Recovery and Reinvestment Act of 2009, the IRS has published new income tax withholding tables to be used for pension payments. The use of these new tables may increase the likelihood that you might owe taxes (and possibly estimated tax penalties) at the end of the year due to a reduction in withholding. It is important to understand how your tax liability is determined, based on your income and deductions for the calendar year. We encourage you to speak with a tax or

NATIONAL BENEFIT CENTER

P.O. Box 5148

Southfield, MI 48086-5148

1-800-435-3946

Fax: (908) 547-2316

Telecommunications Device For The Deaf

TDD: 1-800-872-8682

DOCUMENT (F)

July 26, 2002

Barbara Burger
9844 Glenmore Ct.
Oak Creek, WI 53154

380-44-4826

Dear Ms. Burger:

As you requested, this letter is to confirm your current Delphi Automotive Systems life insurance coverages and amounts in-force: PROVIDED ALL REQUIRED CONTRIBUTIONS HAVE BEEN PAID

COVERAGES

AMOUNTS

Basic Life Insurance (95746-G)*

\$125,100

If Retired: ☐ Reducing ☐ Fully Reduced
Ultimate amount (after all reductions)

\$0.00

Optional Life Insurance (95762-G)*

\$0.00

If Retired: ☐ No reduction - Will cancel at age 70 (Hourly)
☐ Not yet reducing (starts at age 66)
☐ 10% reduction each year (starts at age 66)
☐ 20% reduction each year (starts at age 66)
☐ Age 70 - Canceled
☐ Age 75 - Canceled

Monthly Contribution

\$0.00

Dependent Life Insurance (Currently)*

\$0.00

Spouse (if any) Cancels at employees age 70

\$0.00

Each Eligible
Child (if any)

Monthly Contribution

\$0.00

Pg 12 of 18
Frequently Asked Questions (FAQs) Regarding SAR and PBGC Notices

DOCUMENT (G)

Q. Why did I receive the Summary Annual Report (SAR)?

- A. The SAR is required by the Employee Retirement Income Security Act of 1974, as amended (ERISA) to be given to annually to each plan participant and surviving spouse within 2 months after the Annual Return (Form 5500) for the plan was filed with the IRS. The Delphi Retirement Program for Salaried Employees (the Plan), has a fiscal year that ends on September 30. The Form 5500 for the most recent plan year was filed (on final extension) on July 15, 2005. Therefore, the SAR is due to participants and surviving spouses no later than September 15, 2005.

Q. Why did I receive the "Notice to Participants of the Delphi Retirement Program for Salaried Employees"?

- A. The Participant Notice, also required by ERISA, requires certain underfunded plans to notify affected parties of the plan's funding status and the limits of PBGC's guarantee. The Participant Notice for the most recent plan year is also required to be delivered by September 15, 2005.

Q. Who is considered a participant?

- A. All current retirement benefit participants and anyone who is vested with a future retirement benefit.

Q. What does it mean to be "vested" in the U.S. Delphi Retirement Program for Salaried Employees?

- A. Generally, employees and former employees who have acquired 5 or more years of service under the Plan are "vested" or eligible for future retirement benefits from the Plan. The vesting provisions are applicable to all U.S. salaried employees regardless of the date of hire.

Q. Is it the intent of this notice to inform me that my retirement benefit is going to be reduced?

- A. No, the intent of the notices is to inform you of the financial status of the Plan and the protections provided by the PBGC. Delphi is not changing the Plan or reducing benefits at this time.

Q. Do these notices have anything to do with the S-SPP?

- A. The Delphi Savings-Stock Purchase Program (S-SPP), often referred to as a 401(k) Plan, is a completely separate plan. This notice only applies to the Delphi Retirement Program for Salaried Employees.

3.DE-B-326D.100

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor Delphi Corporation		Case Number 05-44481
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Burger Barbara P		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: Burger Barbara P 9844 Glenmore Ct Oak Creek WI 53154-5037		
Telephone number: 414-768-1029		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim a previously filed claim, dated: _____ <input type="checkbox"/> amends
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Other <u>Stock Savings - Life Insurance</u>		
<input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div>		
2. Date debt was incurred:		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ _____ (unsecured) _____ (secured) _____ (priority) <u>\$ 587,782.00</u> (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8</small>
6. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date 5-17-06	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Barbara P. Burger</u> BARBARA P. BURGER	

